

www.amherstma.gov

PRACTITIONER OF THERAPEUTIC MASSAGE APPLICATION FOR LICENSE

_____, 200__

ANNUAL FEE - \$125.00

Personal Information:

(number & street)

City/Town	State	Zip Code
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Zip Code

Mailing Address (if different):_____

City / Town	State	Zip Code
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Zip Code

Date of Birth: / / SS# or Fed ID# Home Tel. #
M D Y

M D Y

Business Information:

(Either a business name or your own personal name)

(Place of practice)

Name and Address of school attended:_____

Date of Graduation: _____ Hours of Training: _____

Do you have/had a massage license in any other jurisdiction? ☐ Yes ☐ No

If yes, list city/towns/states: _____

Was it ever suspended or revoked? ___No___ Yes; explain_____

Are you AMTA certified? ____No ____Yes; Member Number _____

Are you ABMP certified? ____No ____Yes; Member Number _____

If no, give name, address and policy number for personal liability and malpractice insurance.

Signature: _____ Date: _____

Workers Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employee(s) _____ (policy # / insurance company)
2. ☐ I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

Please Return Completed Application With Payment

(Please Check One) **Original Application** ____ **Renewal** ____

**Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002**

Make Check Payable to: Town of Amherst

Please Note The Following Late Fees Will Be Enforced

First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.00

Please list the names, addresses, and telephone numbers of three (3) persons whom we may contact as character references. You must provide an Amherst Board of Health character reference form to each individual listed below. At least one of these persons should live in Massachusetts.

NAME

ADDRESS

TELEPHONE

I have received and read the Amherst Board of Health “Rules and Regulations for Massage Therapy and Establishments”.

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required under law.

SOCIAL SECURITY NUMBER OR
FEDERAL IDENTIFICATION NUMBER

SIGNATURE OF INDIVIDUAL

Please submit a photocopy of your diploma from massage school along with certificates for massage courses successfully completed.

ATTACH PHOTO HERE

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Office (413) 256-4077 Fax (413) 256-4053

Environmental Health (413) 256-4033

www.amherstma.gov

CHARACTER REFERENCE

To Whom It May Concern:

_____ of _____
NAME ADDRESS

Is an applicant for a license to practice massage within the Town of Amherst. We are requesting your evaluation of her/his character, as she/he has given your name as a character reference. Health Department officials will review your comments.

1. Length of time you have know this individual?
2. In what capacity have you known the applicant?

Are you related to her/him? _____YES _____NO

3. Please give us your opinion of the character of this person

4. Would you recommend that the applicant be considered for licensure as a massage therapist?
_____YES _____NO

SIGNATURE: _____DATE: _____

NAME: _____TELEPHONE: _____

(PLEASE TYPE OR PRINT)

ADDRESS: _____

REFERENCE PERSON: PLEASE RETURN THIS QUESTIONNAIRE DIRECTLY TO
ENVIRONMENTAL HEALTH SERVICES, AMHERST HEALTH DEPARTMENT, AT
THE LETTERHEAD ADDRESS.

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5. Length of time you have know this individual?

6. In what capacity have you known the applicant?

Are you related to her/him? _____YES _____NO

7. Please give us your opinion of the character of this person

8. Would you recommend that the applicant be considered for licensure as a massage therapist?

_____YES _____NO

SIGNATURE: _____DATE: _____

NAME: _____TELEPHONE: _____

(PLEASE TYPE OR PRINT)

ADDRESS: _____

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9. Length of time you have know this individual?

10. In what capacity have you known the applicant?

Are you related to her/him? _____YES _____NO

11. Please give us your opinion of the character of this person

12. Would you recommend that the applicant be considered for licensure as a massage therapist?

_____YES _____NO

SIGNATURE: _____DATE: _____

NAME: _____TELEPHONE: _____

(PLEASE TYPE OR PRINT)

ADDRESS: _____

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AMHERST BOARD OF HEALTH
RULES AND REGULATIONS FOR MASSAGE THERAPY AND ESTABLISHMENTS

The Town of Amherst hereby orders that the following revisions be and are hereby adopted this third day of February 2000 under authority of Section 31 of Chapter 111 and Sections 51 and 53, Chapter 140 of the General Laws of the Commonwealth of Massachusetts.

- I. **LICENSE REQUIRED AND FEE:** No person shall practice massage or conduct an establishment for massage or advertise or hold himself /herself out as being engaged in the business of massage, in the Town of Amherst without receiving a license from the Board of Health. The license fee for each massage therapist shall be a minimum of one hundred twenty-five dollars (\$125.00). All licenses shall expire one (1) year from date of issue.
- II. **DEFINITIONS:** For the purpose of these regulations:
- A. **Massage:** Is an essential component of both maintaining and restoring a healthy mind, body and spirit. It is defined as the physical manipulation of the body's soft tissue for the purpose of relaxation, rejuvenation, and healing. It has been used not only to relieve pain, improve one's sense of well-being and physical appearance, but is also widely considered one of the most natural and instinctive methods of health care. This shall include all modalities of bodywork, including but not limited to, shiatsu, reiki and polarity therapy.
 - B. **Establishment:** Shall mean the room or group of rooms, office, building, place of business, or premises where therapeutic massage is practiced.
 - C. **Approved:** Shall mean approved by the Board of Health or its Agent(s).
 - D. **Approved course of massage:** Shall mean a complete course on the art and science of massage which includes both theory and practice.
 - E. **Massage therapist:** Shall mean a person who practices therapeutic massage or bodywork.
 - F. **Board of Health:** Shall mean members of the Board of Health or its Agent(s).

III. **EXCEPTIONS AND EXCLUSIONS:**

- A. **Individual:** These regulations shall not apply to the following individuals while engaged in the regular performance of the duties of their respective professions:

1. Physicians, chiropractors, osteopaths, or physical therapist who are duly licensed to practice their respective professions in the Commonwealth of Massachusetts.
2. School athletic trainers.
3. Nurses who are registered or licensed under the laws of the Commonwealth of Massachusetts.
4. Barbers and beauticians who are duly registered under the laws of the Commonwealth of Massachusetts except that this exemption shall apply solely to the massaging of the neck, face, scalp and hair of the customer or client.
5. Any person licensed to practice massage by any city or town in the Commonwealth may, at the request of a physician, attend patients in the Town of Amherst without taking out an additional license.

IV. **REQUIREMENTS FOR INDIVIDUAL LICENSING:** Every individual who wishes to practice massage therapy in the Town of Amherst must meet the following requirements:

- A. Submit to the Amherst Board of Health a completed application form containing all information therein requested. False statements in said application shall be grounds for denial of a licensed request.
- B. Provide written evidence that the applicant is eighteen (18) years of age or older.
- C. Receive a minimum of 500 hours of training at an accepted massage school and submit a copy of certification and the curriculum of study showing hours completed.
- D. Submit one front-face photograph at least two (2) inches by two (2) inches in size taken within thirty (30) days prior to the submission of the application.
- E. Must have establishment inspected by the Board of Health to make sure it meets the requirements of Section X.
- F. Any practicing therapist without an establishment in Amherst, and who wants to make home visits to clients living in Amherst, must submit a copy of their license from the city/town in Massachusetts in which the therapist has an establishment, along with the other requirements, to obtain a license to practice in the Town of Amherst.
- G. Every licensee shall notify the Amherst Board of Health prior to any changes of name or address.
- H. No licensed massage therapist shall operate under any name or designation not specified on the license.
- I. A license issued to an individual massage therapist is not transferable.

V. **THE LICENSE OF ALL MASSAGE THERAPISTS MUST BE DISPLAYED IN A CONSPICUOUS PLACE.**

VI. **DENIAL OF APPLICATION FOR LICENSE OR RENEWAL THEREOF:** Any person whose application for a license or license renewal is denied may within (10) days of denial, request, in writing, a hearing upon the cause or causes of said denial. The Amherst Board of Health may set a time and place for said hearing within a reasonable time not to exceed fourteen (14) days.

VII. **SUSPENSION/REVOCAION OF LICENSE:**

- A. If a license is suspended or revoked, the licensee may request a hearing before a hearing officer by filing a written petition stating why the license should not be revoked/suspended.
- B. Such license may be suspended or revoked if the Amherst Board of Health finds that there is satisfactory proof that the licensee has:
 - 1. Made a material false statement on the application form;
 - 2. Violated or permitted a violation of any of these regulations or of any conditions of the license;
 - 3. Not paid the license renewal fee.

VIII. **PENALTIES:** Any violation of any provisions of these rules and regulations shall be punished by a fine of not more than one hundred (\$100.00) dollars or imprisonment for not more than six (6) months or both in accordance with General Laws Chapter 140, Section 53, as amended.

IX. **SEPARABILITY:** If any section, subsection, sentence, clause, phrase or portion of these regulations is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such provisions and such holding shall not affect the validity of the remaining portions thereof.

X. **REQUIREMENTS FOR AN ESTABLISHMENT:** Every establishment for the giving of therapeutic massage shall meet the following requirements:

- A. Applicants must submit to the Amherst Board of Health a completed application form containing all information therein requested. False statements in said application shall be grounds for denial of a license request.
- B. Every licensee shall permit the Amherst Board of Health to inspect his/her place of business at any reasonable time, to the extent permitted by law.
- C. No establishment shall employ or shall cause to be employed as a massage therapist any person who has no license for the practice of massage, or whose massage license has been revoked or suspended within the past three (3) years.

- D. If food is served, the establishment must be in compliance with Article X of the “State Sanitary Code.”
- E. No alcoholic beverages shall be permitted in that portion of the building used for the purpose of therapeutic massage as determined by the Amherst Board of Health.
- F. The establishment shall be connected to the public sewage system or approved by Amherst Board of Health
- G. All rooms shall be well lighted, well ventilated and properly heated in accordance with local and/or State regulations except during those periods declared as emergencies by local or state officials.
- H. There shall be a safe, adequate supply of hot and cold running water at all times. Hot water must be between 110-130 degrees.
- I. All robes, sheets, towels, blankets, etc. shall be stored on shelving. Soiled linens must be stored in a proper receptacle (linen bag or basket) and shall be properly cleaned. Single service items are acceptable.
- J. All areas of the establishment, including the furniture and equipment therein, shall be kept in a sanitary condition at all times.
- K. A room used for the purpose of giving massage, vapor or other baths shall not be used as a bedroom.

Drafted 11/15/99
Implemented 2/03/00